

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008326

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1676

STATE FILE NUMBER

FILED FEB 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYc. CITY
OR
TOWN
St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION**St. John's Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5139 Shaw Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Paul

Middle

Last
Berra4. DATE
OF
DEATHMonth
FebruaryDay
13Year
1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/29/1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Furniture Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Berra

13b. MOTHER'S MAIDEN NAME

Caroline Gualdoni

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Louis Berra, 5139 Shaw Ave.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Carcinoma - Metastatic -

INTERVAL BETWEEN ONSET AND DEATH

Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

intra-abdominal - origin undetermined

DUE TO (c)

199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-17-1962 to 2-13-63and last saw him alive on **2-12-63**

Death occurred at

8:00 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Montani M.D.

22b. ADDRESS

5147 Daggett Ave

22c. DATE SIGNED

2-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-16-63

23c. NAME OF CEMETERY OR CREMATORY

SS Peter & Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo. Sp. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Calcaterra Funeral Home, 5112 Daggett Ave.

25. DATE RECD. BY LOCAL REG.

FEB 15 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

23c SS Peter & Paul Cemetery

Resurrection Cemetery

BY AFFIDAVIT OF Fun. Director

DOCUMENT

DATE AMENDED

2/13/63

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. M. Dumbley

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.